FORM D

51387

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPR	OVAL					
OMB Number:	3235-0076					
Expires: Decem	ber 31, 1996					
Estimated average burden						
hours per respon						

SEC	USE ONLY				
Prefix	Serial				
DATE RECEIVED					

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Address of Executive Offices Address of Executive Offices Anderson Rd., Ste. 105, Bernardville, NJ 07924 908 204-9911
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) T&G ² Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) T&G ² Address of Executive Offices Address of Executive Offices 1. (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Name of Issuer (C check if this is an amendment and name has changed, and indicate change.) 104009165 Address of Executive Offices 106 (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
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Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Anderson Rd., Ste. 105, Bernardville, No 07524 908 204-9911
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as above same as above
Brief Description of Business Research, development and marketing of biometric time keeping and security devices. Marketing and distribution of electronic gaming devices.
Type of Business Organization A corporation I limited partnership, already formed
business trust — limited partnership, to be formed — other (please specify): MAR 03 2004
Actual or Estimated Date of Incorporation or Organization: Month Year THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A BASIC IDENT	IFICATION DATA		
2. Enter the information re	quested for the		FICATION DATA		<u> </u>
			d within the past five ye	ars;	
Each beneficial owner securities of the issue		ver to vote or dispose, o	or direct the vote or disp	osition of, 10%	or more of a class of equit
• Each executive officer	and director of	corporate issuers and o	f corporate general and n	nanaging partne	ers of partnership issuers; and
• Each general and ma	naging partner (of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	😡 Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Farinella, Jan		· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addres 1 Anderson Ro			Zip Code) ville, NJ 0792	4	
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Full Name (Last name first, Faccioni, Dav.	•				
Business or Residence Addre	•	nd Street, City, State, 2	•		
1 Anderson Roa	ad, Suite	105, Bernard	ville, NJ 0792	4	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
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Business or Residence Addres 1 Anderson Roa		•	Cip Code) Ville, NJ 0792	4	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ss (Number as	nd Street, City, State, 2	lip Codé)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	•			
Business or Residence Addres	s (Number ar	nd Street, City, State, Z	ip Code)		

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Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any comision or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a per to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or stallist the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broor dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Not Applicable Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "All States" or check individual States) (AL (AK AZ (AR (CA (CO (CT (DE (DC (FL (GA (HI (IL (IN) (IA) (KS) (KY) (LA) (ME (MD) (MA) (MI) (MN) (MS) (MN) (MS (MS)	Yes Yes All Si [ID] [MO] [PA]	No No States
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[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR	🗆 Ali St	States
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR	• -	
	• •	-
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY		-
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ All Sta	tates
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	(MAC)	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]		

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	UP P	KULLEUS		
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange				ę
	and already exchanged.		Aggregate	Am	ount Already
	Type of Security		fering Price		Sold
	Debt		^	. s	0
	EquityN/A	S		. S	
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$ <u>95</u>		. S	0
	Partnership Interests			. S	0
	Other (Specify)	S	0	. s	0
	Total	s 95	000,00	. \$	0
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number	Dol	Aggregate llar Amount
		ļ	investors O	10	Purchases 0
	Accredited Investors		0	. S	0
	Non-accredited Investors		0	. 5	0
	Total (for filings under Rule 504 only)	_		. S	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T	D. III	lar Amount
	Type of offering		Type of Security	Don	Sold
	Rule 505		0	S	0
	Regulation A		0	S	0
	Rule 504		0	s	0
	Total		0	s	0
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🕱	S	1,000
	Printing and Engraving Costs			S	0
	Legal Fees			s_2	0.000
	Accounting Fees			S	5,000-
	Engineering Fees			S	0
	Sales Commissions (specify finders' fees separately)			S	0
	Other Expenses (identify)			S	0
	Total			\$_ 2	6,000
			27.		-, -, -, -, -, -, -, -, -, -, -, -, -, -

	C. OFFERING PRICE, NUMBE	r of investors, expenses and	US	e of	PROC	EEDS		
;	Enter the difference between the aggregate officion I and total expenses furnished in response to adjusted gross proceeds to the issue."	Part C - Question 4.a. This difference	is t	he			\$ <u>92</u>	4,000
•	ndicate below the amount of the adjusted gross posed for each of the purposes shown. If the amount of the left of the estimate and check the box to the left of the estimate adjusted gross proceeds to the issuer set forth	int for any purpose is not known, furn te. The total of the payments listed must	ish equ	an e.				
				Di	lyments Officers rectors. Affiliate	&		ments To Others
	Salaries and fees		X	516	0,00	ے ہے	S	_0
	Purchase of real estate		\Box	5	0	=	: s	0
	Purchase, rental or leasing and installation of	machinery and equipment		3	0	2	<u>5 10</u>	0,000
	Construction or leasing of plant buildings and				_		s	0
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or remisiring of amother	0	\$			s	
	Repayment of indebtedness			\$			S	
	Working capital						· •	4,000
	Other (specify):		. 🗇	\$	0		S	0
			=	3	· · · · · · · · · · · · · · · · · · ·	=	: s	
	Column Totals	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X	5.16	0,000)	\$76	1.000
	Total Payments Listed (column totals added)	(*************************************			Ģ.	s <u>924</u>	000	•
		D. PEDERAL SIGNATURE						
ollo	issuer has duly caused this notice to be signed by wing signature constitutes an undertaking by the ist of its staff, the information furnished by the ist	ssuer to furnish to the U.S. Securities a	nd !	Excha	nge Cor	nmissio	i. upon	written re-
	er (Print or Type)	Signature D				Date		
	T&G ²				_		uary	, 20
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
	James Farinella	President						

	L SIAID SIGNALURE	
1. Is any party described in 17 CF of such rule?	R 230.252(c), (d), (e) or (f) presently subject to any of the	disqualification provisions Yes No
	See Appendix, Column 5, for state response	··•e.
	indertakes to furnish to any state administrator of any state i ach times as required by state law.	n which this notice is filed, a notice on
 The undersigned issuer hereby us issuer to offerees. 	ndertakes to furnish to the state administrators, upon written	request, information furnished by the
limited Offering Exemption (UL	ts that the issuer is familiar with the conditions that must be OE) of the state in which this notice is filed and understands in of establishing that these conditions have been satisfied.	
The issuer has read this notification a undersigned duly authorized person.	and knows the contents to be true and has duly caused this n	totice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
T&G ²		February , 2004
Name (Print or Type)	Title (Frint of Type)	
James Farinella	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.